Psychological aspects of disorders of the eye

A pilot research project

Alexis Brook and Peter Fenton

This paper gives an overview of the first year of a project in which a psychoanalytic psychotherapist worked with the staff of the ophthalmic department of a general hospital to study some psychological aspects of disorders of the eye. The purpose was to see whether semi-structured interviews based on psychoanalytic insights could increase our understanding of the disorder and, if so, how this understanding might be used to help the patient.

W.S. Inman (1876–1968) was unique in being the only ophthalmic surgeon who was simultaneously a psychoanalyst. He published many papers on psychological aspects of disorders of the eye and had a particular interest in styes (Inman, 1946). Since he died there have been very few reports of work carried out in the field of psychosomatic ophthalmology (Fenton, 1992). However, as a result of a bequest made by Inman's widow to the British Psycho-analytical Society, Alexis Brook (AB), a psychoanalytic psychotherapist, and Peter Fenton (PF), consultant-in-charge of the Eye Department of the Queen Alexandra Hospital, Portsmouth (Inman's old hospital), were asked to plan a pilot project. It was agreed that the model for the project should derive from AB's previous experience of working with general practitioners in their surgeries (Brook & Temperley, 1976) and of working with the medical team of a specialist hospital for colorectal disorders (Brook & Bingley, 1991).

AB visited the department on six occasions between September and December 1991, to meet the staff (consultants, junior doctors, nurses and orthoptists) to discuss the project, to clarify what could and could not be expected from it and to try to ensure that we could work together. He was able to sit in at clinics and in Casualty which made it possible to discuss different viewpoints in a work setting. It was helpful and necessary to have had this period of discussion, at the end of which we felt that we could initiate a pilot study.

The study

We decided to study current patients where no organic basis had been found to explain their eye disorder, or where it was suspected that emotional factors might have contributed to its development or to its failure to respond to treatment. The purpose was to see whether semi-structured interviews based on psychoanalytic insights could increase our understanding of the disorder and, if so, how this understanding might be used to help the patient. We decided that the project should start on the basis of two days a month with AB seeing patients for up to three interviews of an hour each.

This paper reports the work from January to December 1992. During the year AB was asked to see 25 patients. The 18 who attended ranged in age from 9 to 79; 12 were women. Two were in-patients. They could, broadly speaking, be divided in to two groups.

Group A consisted of ten patients where the eye problem was the only symptom that was bothering them: severe eye pain, 4; recurrent iritis, 2; chronic uveitis, 1; blepharospasm, 1; sore or aching eyes, 2. Two did not wish to have more than one interview and one did not want more than two. AB saw the other seven for up to six interviews, some twice-monthly and some at monthly intervals. In nine of the ten patients the eye symptoms seemed related to severe emotional conflicts.

Group B consisted of eight patients where the eye problem was but one feature of a chronic psychiatric disorder and, apart from recurrent iritis, 1, the symptoms were mostly vague: poor vision, 3; sore eyes, 1; seeing 'black splodges', 1; 'rolling eyes', 1; 'magical restoration of sight', 1. Most were emotionally quite disturbed and their eye symptoms also seemed related to their psychological conflicts.

Outcome

As most of those in Group B were already under psychiatric or other care AB saw them for only one or two interviews. Those in Group A were seen for more interviews. Five had rapid symptomatic relief. Three of these were women who had complained of severe eye pain, of nine, seven

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and one months' duration respectively, for which no organic basis could be found. After three or four interviews the pain had cleared. After five months a man who had had recurrent iritis for three years had not had a recurrence, his longest symptom-free interval so far. The man with blepharospasm is, after four interviews, beginning to show considerable improvement. Obviously the underlying conflicts have not been worked through but the patients valued the experience of being understood and, it seems, felt that their anxieties could now be contained. Time will show whether their symptoms will return or whether other symptoms will take their place.

Comment

As indicated, in 17 of the 18 patients the eye symptoms appeared to be related to severe emotional conflicts. Detailed understanding of the disorders would involve much more work than was possible in this limited study but some broad themes could be identified.

Many patients, particularly those with eye pain, seemed to be actively 'blotting out' feelings which they feared they would find too painful to tolerate. A woman with intractable eye pain and poor vision who said, pointing to her eye, "if I get frustrated it affects me here", went on to describe how she always blocked out anything worrying. "I push my feelings to the back of my mind otherwise I would go mad". She had had to cope with many losses in her life but had never shed a tear. Now, in the setting of many anxieties about growing old, the accumulated mental pain seemed to be located behind her eye. This was one of the patients who, after three sessions, said that the pain had cleared, adding "I can see better". In several other patients fears of the intensity of their feelings of loss were significant. A woman with eye pain, which cleared after a few sessions, had been involved in recurrent situations which she experienced as betrayal and abandonment. Her first consciously-remembered such experience was as a small child when she was in hospital for several months. She described movingly how she would stand on the balcony after her parents' fortnightly visits crying desperately as she watched them depart. Her marriage was now breaking up and her feelings of loss and despair seemed partly to be experienced as severe eye pain.

A woman suffering from recurrent attacks of iritis described how the onset was preceded by two traumatic stillbirths which, she said, still haunted her. Two other women had experienced similar tragedies, one being repeated stillbirths and the other the death of an infant.

Aspects of sexual themes were common. A woman gave a six month history of sore eyes which developed a week before her 40th birthday. She dreaded approaching 40, "the start of getting old". The interviews indicated the intensity of her despair about herself and her fears of losing her husband's love. A middle-aged man developed several attacks of iritis, each after increasing evidence that his wife was being unfaithful.

A precociously mature adolescent girl, complaining of aching eyes which twitched, was struggling with the numerous stresses of adolescence particularly related to her never having known her father. A girl of nine had vague eye symptoms which were only a part of a severe personal and family disturbance.

A week after the first interview, a man had the worst flare-up of recurrent iritis he had ever had. By the next interview this had subsided and he said: "You have opened my eyes. I am beginning to look at my problems". At a further interview he said "You have helped me to look inwardly, to look at myself".

The commonest way of avoiding facing situations that might be difficult, painful or unacceptable is by developing a 'blind spot' or by 'turning a blind eye'. This, it seems, is what some disorders of the eye are partly about.

This pilot project has now run for a year. We have found it interesting, worthwhile and enjoyable. It has certainly indicated the amount of psychopathology there is behind the symptoms of the patients we have seen. The awareness of the ophthalmic staff to a possible psychosomatic problem will certainly increase. PF observes that "in Portsmouth we have started to move away from 'I can find nothing wrong with your eyes' to 'Your problem may not be entirely in your eyes and, if it is related to the stresses of your life, I can refer you to someone who may be able to help you'. This represent a significant change in to-day's attitude of most surgically-minded ophthalmologists".

We are continuing the project on the basis of the way it is now developing. In particular, AB will offer some patients as many interviews as might seem helpful to them, within the limitations of the framework of the project. This will mean that as well as trying to assess any psychopathology behind the eye disorders we shall also be studying a 'psychosomatic approach' appropriate to the resources available. The pilot study should thus develop into a project of 'Action Research' (Elden & Chisolm, 1993).

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